MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10634531
APPLICANT(S)
FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		/				51						
2		1		/			52						
3		1		/			53						
4		1		/			54						
5		4		4			55						
6		4		4			56						
7		1					57						
8		1		/			58						
9		1					59						
10				/			60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		/				TOTAL IND.						
TOTAL DEP.	14		13				TOTAL DEP.						
TOTAL CLAIMS	15		14				TOTAL CLAIMS						